

POSITION _____ INITIALS _____ ID NO. _____ DATE _____
 FEE DETERMINATION _____
 O.I.P.E. CLASSIFIER _____
 FORMALITY REVIEW *TH* *12* *15*
 RESPONSE FORMALITY REVIEW *953* *01-16-00*

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	01/24/01
2	01/24/01
3	01/24/01
4	01/24/01
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49	01/24/01
50	01/24/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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